## CITY OF HARRISBURG AND HARRISBURG SCHOOL DISTRICT EXPLANATION OF THE BUSINESS PRIVILEGE AND MERCANTILE LICENSE

Attached is an application for a Business Privilege and Mercantile License. The fee for this license is \$40.00 for each calendar year. The fee is <u>not</u> reduced pro rata by the portion of the license year elapsed in the year first procured. At the proper time, an annual or quarterly reporting form, whichever is applicable, will be mailed to you.

The Tax Ordinance was enacted under the authority of the Local Tax Enabling Act (Act 511 of 1965), 53 P.S. 6901 et seq., and appears in the Codified Ordinances of the City of Harrisburg at Chapter 5-715. The City of Harrisburg, Chapter 5-715 of the Codified Ordinance and the Harrisburg School District, Resolution of 1989 provides for and regulates the "assessment, levy and collection for general revenue purposes of an annual Business Privilege & Mercantile tax upon persons, firms, companies, and corporations engaging in business, described therein, within the City of Harrisburg. . . ". The Chapter and Resolution contains pertinent information relative to the definitions and rates; a copy can be requested either through the City Clerk's Office or the Tax & Enforcement Office.

Business Privilege & Mercantile Licenses may not be assigned or transferred. So if a new owner takes over the business, a new Business Privilege & Mercantile License and/or Health License application, if applicable, needs completed. Taxpayer's change of address must be reported in writing to this office within ten (10) days after such change becomes effective.

This license may be suspended or revoked at any time by the Mayor or designee if it is determined that the holder of the permit or license secured the same by misrepresentation; failed to maintain qualifications required by federal, state or local laws; engaged in fraudulent behavior or misleading advertising; consented to or allowed any behavior which would constitute a crime under federal, state or local laws, including but not limited to drug trafficking or drug possession; committed an act of gross negligence, or allowed any manner or form of public nuisance.

<u>BUSINESS</u> - This is defined as carrying on, or exercising of any trade, profession, or vocation, or commercial activity or making sales within the City of Harrisburg. The following are brief descriptions of each category to determine which one accurately describes the nature of your business.

<u>BUSINESS PRIVILEGE</u> - Any profession, vocation or commercial activity, **including but not limited to**, lawyer, doctor, accountant, broker, contractor, consultant, maintenance/repairs, engineering, planning design, installation, training, the lease or use of real or personal property, commission sales, etc., for which a fee is collected for services rendered.

<u>WHOLESALE DEALER</u> - Sales made by persons engaged, as owner or agent, in the business of selling to, or exchanging with another person, goods for cash or barter or any consideration, for the purpose of resale by the person acquiring the goods sold or exchanged. <u>RETAIL</u> - Sales made by persons engaged, as owner or agent, in the business of selling or exchanging merchandise for cash or barter or any consideration on the assumption that the purchaser of such goods has acquired the same for ultimate consumption or use and not for resale.

TAX RATES	CITY OF HARRISBURG	HARRISBURG SCHOOL DISTRICT
Business Privilege:	2 mills (.0020) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.	1 mill (.0010) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.
Wholesale Rate:	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.
Retail Rate:	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.

## ANNUAL TAX RETURNS ARE DUE BY APRIL 15TH OF EACH YEAR WHETHER OR NOT A TAX IS DUE!!!

Failure to file and/or pay the tax could result in legal action by the City as well as your license being revoked.

Revised 10/23/02

## CITY OF HARRISBURG APPLICATION FOR BUSINESS PRIVILEGE AND MERCANTILE LICENSE

MAIL TO: TAX AND ENFORCEMENT OFFICE 10 N 2ND STREET, SUITE 305-A

HARRISBURG, PA 17101

717-255-6513

LICENSE AND FILLING FEE \$40.00 DUE EVERY CALENDAR YEAR!!!! CHECK OR MONEY ORDER ONLY PAYABLE TO: "CITY TREASURER" DATE APPLIED

req of t	olication is hereby made for a Bus uired by Chapter 5-715 of the Co the City of Harrisburg providing rrisburg)	dified Ordinance	for the City of	Harrisburg as amer	nded by the City Council
1.	Please check the appropriate ca on the attached sheet.	tegory which acc	urately describ	es the nature of you	ur business as defined
	☐ WHOLESALE ☐	RETAIL 🗆 RE	NTAL DBU	JSINESS PRIVILEGE	Б □ вотн
2.	Business name and address. If c clearly):	conducted under	a corporate or	fictitious name, list	name ( <b>please print</b>
BU	SINESS NAME				
BU	SINESS ADDRESS		CITY	STATE	ZIP CODE
MA	ILING ADDRESS, IF DIFFERENT T	HAN ABOVE			
 BU	SINESS TELEPHONE NUMBER			IRS ID. NUME	BER
3.	Check whether business is: $\Box$ I	ncorporated 🛭 I	Partnership 🗖	Individual   Agen	t
4.	If you are currently conducting be number, if applicable,		ommonwealth c	of Pennsylvania, ple	ase list your sales tax
5.	Give the name(s) of the true owr <b>boxes</b> ), social security number,				luding post office
	NAME	NAME		NAME	
	ADDRESS	ADDRESS		ADDRESS	
	CITY, STATE & ZIP	CITY, STATE	& ZIP	CITY, STATE	& ZIP
	SOCIAL SECURITY #	SOCIAL SECU	JRITY#	SOCIAL SECU	JRITY #
	DATE OF BIRTH	DATE OF BIR	ТН	DATE OF BIR	ТН
	TELEPHONE #	TELEPHONE	#	TELEPHONE :	#
	DRIVER'S LICENSE NO. & STATE	DRIVER'S LICE	NSE NO. & STAT	E DRIVER'S LICE	NSE NO. & STATE

7.	List current job(s) or contracts, if applicable	e, which necessitates	the application for th	is license:
	Lleve vev ever been issued a Dunings Di	ii ilaa aad Maraaatila	Liagnag with the City	, of Housiahusa bafasa?
о.	Have you ever been issued a Business Pr	ivilege and Mercantile	License with the City	or Harrisburg before?
	If yes, give name the license was issued to	ınder:		·
9.	Give name, address (excluding post office subsidiary) within or outside the City of Ha		s of Business, Paren	t Companies (if
10	Failure to provide the above information re Mercantile Tax and License shall cause re filling fee.			
ST	ERIFY THAT THE STATEMENTS MADE HE ATEMENTS MADE HEREIN ARE SUBJEC SWORN FALSIFICATION OF AUTHORITIES.	T TO THE PENALTIE		
	DATE		AUTHORIZED SIGNA	ATURE
	or to submitting this application, if you			to obtain Zoning
ар 	proval, Fire Prevention Code approval a	nd Health approval, i 	f you deal with any	
	proval, Fire Prevention Code approval a  FICE USE ONLY!!	nd Health approval, i  APPROVALS	f you deal with any	
-  <b>OF</b> Th	· · · · · · · · · · · · · · · · · · ·	APPROVALS  / that all Zoning, Healt	h, Fire Prevention, ar	OFFICE USE ONLY!!
-  <b>OF</b> Th	FICE USE ONLY!! e authorized signatures listed below, certify	APPROVALS  / that all Zoning, Healt	h, Fire Prevention, ar	OFFICE USE ONLY!!
Th	e authorized signatures listed below, certify plicable, have been established and confor	APPROVALS  / that all Zoning, Healt	h, Fire Prevention, ar	OFFICE USE ONLY!!
Th	e authorized signatures listed below, certify plicable, have been established and confor ZONING ADMINISTRATOR	APPROVALS  / that all Zoning, Healt	h, Fire Prevention, ar ordinances under the	OFFICE USE ONLY!!
Th	e authorized signatures listed below, certify plicable, have been established and confor ZONING ADMINISTRATOR  ODES ADMINISTRATOR/CODES/FIRE PREVENTION	APPROVALS  / that all Zoning, Healt	h, Fire Prevention, ar ordinances under the DATE	OFFICE USE ONLY!!
Th ap	FICE USE ONLY!!  e authorized signatures listed below, certify plicable, have been established and confor ZONING ADMINISTRATOR  ODES ADMINISTRATOR/CODES/FIRE PREVENTION  HEALTH DEPARTMENT	APPROVALS	h, Fire Prevention, ar ordinances under the	OFFICE USE ONLY!!

6. Nature of Business (please fully describe)